Crouch Joslyn Good PLLC 4505 Country Club Rd Ste 100 Winston-Salem, NC 27104

> North Carolina Association of Free and Charitable Clinics Inc 10735 David Taylor Dr, 140 Charlotte, NC 28262

1..1.11..1...1.1.11....1.111....1

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



October 23, 2023

North Carolina Association of Free and Charitable Clinics Inc 10735 David Taylor Dr 140 Charlotte, NC 28262

Ms. Cook

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Crouch Joslyn Good PLLC



October 23, 2023

North Carolina Association of Free and Charitable Clinics Inc 10735 David Taylor Dr 140 Charlotte, NC 28262

Ms. Cook

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Crouch Joslyn Good PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

North Carolina Association of Free and Charitable Clinics Inc 10735 David Taylor Dr 140 Charlotte, NC 28262

Prepared By:

Crouch Joslyn Good PLLC 4505 Country Club Rd Ste 100 Winston-Salem, NC 27104

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

. 8	879-TE		IRS	S e-fil for	le Signature ' a Tax Exem	Authorization pt Entity	F	OMB No. 1545-0047
Form U		For calendar y				, 2022, and ending	20	0000
		i or calendar y	yeai 2022, 01 113		send to the IRS. Keer		, 20	2022
	ent of the Treasury Revenue Service		Go t		•	r the latest information.		
Name o	ffiler North	Carolir	na Ass	ociat	ion of Free	and	EIN or SSN	
	Char	itable (56-206	52170
Name a	nd title of officer or	person subject to	o tax Ap CE	oril (O	Cook			
Part	I Type o	f Return an	d Return	Inform	ation			
Form 5 or 10a whiche	330 filers may er below, and the a	ter dollars and mount on that I	cents. For a line for the r	all other fo return bei	orms, enter whole dolla ng filed with this form v	the applicable amount, if any, ars only. If you check the box of vas blank, then leave line 1b , n, then enter -0- on the applica	on line 1a, 2a, 3 a 2 b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 7b, 8b, 9b, or 10b,
1a	Form 990 chec	k here	Хb	Total rev	venue, if any (Form 990), Part VIII, column (A), line 12) 1	ы1 <u>0,294,551.</u>
2a	Form 990-EZ	heck here)-EZ, line 9)		2b
3a	Form 1120-PO	L check here				22)		ßb
4a	Form 990-PF o					me (Form 990-PF, Part V, line		lb
5a	Form 8868 che					3c)		ib
6a	Form 990-T ch					ine 4)		ib
7a	Form 4720 che					ne 1)		
8a	Form 5227 che				-	ear (Form 5227, Item D)		ßb
9a	Form 5330 che				(Form 5330, Part II, lin)b
10a Part	Form 8038-CP					uested (Form 8038-CP, Part or Person Subject to T	111, line 22) 1	0b
			-			r I am a person subject		
of entit		•			•	r [] I am a person subject (EIN)		
entry to financia later th payme	o the financial ins al institution to d an 2 business da nt of taxes to rec	titution account bit the entry to ys prior to the p eive confidentia	t indicated i this accou payment (se al informatic	in the tax nt. To rev ettlement) on necess	preparation software f roke a payment, I must date. I also authorize t ary to answer inquiries	cial Agent to initiate an electro or payment of the federal taxe contact the U.S. Treasury Fin he financial institutions involv and resolve issues related to if applicable, the consent to e	es owed on this re ancial Agent at 1- ed in the process the payment. I ha	eturn, and the 888-353-4537 no ing of the electronic ave selected a
	heck one box or		1	C	DIIG			C0170
	I authorize	rouch Jo	osiyn	Good			to enter my PIN	
					ERO firm name			Enter five numbers, but do not enter all zeros
	with a state a on the return As an officer return. If I hav	gency(ies) regul s disclosure cor or person subject e indicated with	lating charit nsent scree ct to tax wit hin this retu	ies as pai n. th respect	t to the entity, I will ent	indicated within this return the program, I also authorize the er my PIN as my signature on sing filed with a state agency(in sent screen.	aforementioned E the tax year 2022	RO to enter my PIN 2 electronically filed
Signature			o				Date	
Part	e of officer or person su Certifi	cation and A	Authentic	ation			Date	
ERO's	EFIN/PIN. Enter	your six-digit el	lectronic fili	ng identif	ication			
	r (EFIN) followed			-		569122271 Do not enter all ze		
submit						electronically filed return indi zed e-File (MeF) Information fo		
ERO's s	ignature <u>Cr</u>	ouch Jos	slyn G	ood F	PLLC	Date		
			ERC) Must	Retain This Form	- See Instructions		
		Do N				Jnless Requested To D	o So	
LHA F	For Privacy Act a	nd Paperwork	Reduction	Act Noti	ice, see instructions.			Form 8879-TE (2022)

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor each	i return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print				Taxpayer	r identification numb	er (TIN)
•	Charitable Clinics Inc				56-206217	0
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se 10735 David Taylor Dr, 140	ee instruct	ions.			
instructions	City, town or post office, state, and ZIP code. For a for Charlotte, NC 28262	reign addr	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation)	07	hleybrook Lane Sui			
 If the If this box 1 I reaction 2 If the 	he tax year entered in line 1 is for less than 12 months, ch	Aroup Exe and atta Noven anization's , an neck reasc	mption Number (GEN) I: <u>ch a list with the names and TINs of</u> <u>nber 15, 2023</u> , to file return for: d ending on: Initial return I	f this is fo all memb	r the whole group, c ers the extension is npt organization retu 	for.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0
-	y nonrefundable credits. See instructions.		and the second state of th	<u>3a</u>	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069					٥
	timated tax payments made. Include any prior year overpa			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	•				0.
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ U and Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.						

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

	Ext	ended	to	Nov	vember	15,	, 202	3	
Return	of C)rgani:	zati	on	Exemp	ot F	rom	Income	Tax

OMB No. 1545-0047

Form **990** Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

AI	For th	e 2022 calendar year, or tax year beginning an	d ending		
Β	Check if	C Name of organization		D Employer identifie	ation number
á	applicat	North Carolina Association of Free an	d		
	Addr	Charitable Clinics Inc			
	Nam Chan	ge Doing business as		56-20621	70
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returi	γ 1 10755 David Taytor Di	140	336 251-3	1111
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,294,551.
	Amer returi	CHALLOLLE, NC 20202		H(a) Is this a group re	turn
	Appli tion	^{ca-} F Name and address of principal officer: April Cook		for subordinates	? Yes X No
	pend	same as C above		H(b) Are all subordinates in	cluded? Yes No
1	Tax-e>	xempt status: 🚺 501(c)(3) 🔲 501(c) () (insert no.) 🗌 4947(a)(1) or 📃 527	If "No," attach a	list. See instructions
	Webs			H(c) Group exemption	n number
ĸ	orm c	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 1997 N	State of legal domicile: NC
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:	improve	access to f	ree health
Activities & Governance		clinics and pharmacies for the under and	uninsu	red people	of NC.
rna	2	Check this box if the organization discontinued its operations or dispo	osed of more	than 25% of its net ass	ets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
ss 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	6
ìti	6	Total number of volunteers (estimate if necessary)		6	0
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ <	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
¢	8	Contributions and grants (Part VIII, line 1h)		277,327.	10,286,965.
nué	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		914.	7,586.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		278,241.	10,294,551.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,977,962.	9,726,604.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		412,489.	472,473.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 54, 0)54.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		273,035.	340,446.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,663,486.	10,539,523.
	19	Revenue less expenses. Subtract line 18 from line 12		-4,385,245.	-244,972.
OL	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,942,143.	4,924,754.
tAs	21	Total liabilities (Part X, line 26)		61,869.	3,348,453.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,880,274.	1,576,301.
Pa	art II	Signature Block			
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedul	les and stateme	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date					
	April Cook, CEO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date						
Paid	Eugene J. Joslyn	Eugene J. Joslyn		self-employed P00288276					
Preparer	Firm's name Crouch Joslyn Goo	d PLLC		Firm's EIN 45-0473857					
Use Only	Firm's address 4505 Country Club	Rd Ste 100							
	Winston-Salem, NC	27104		Phone no. (336) 768-8000					
May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

	North Carolina Association of Free and <u>990 (2022)</u> Charitable Clinics Inc 56-2062170 Page 2 t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	
4b	<pre>(Code:)(Expenses \$9,333,613. including grants of \$9,104,613.) (Revenue \$) Coronavirus State and Local Fiscal Recovery Funds - Provide funds for member clinics to provide necessary and appropriate relief from the effects of COVID-19</pre>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 10,034,907.

 North Carolina Association of Free and

 Form 990 (2022)
 Charitable Clinics Inc

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.46		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
L	Schedule D, Parts XI and XII	12a	<u></u>	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

 North Carolina Association of Free and

 Form 990 (2022)
 Charitable Clinics Inc

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-		38	х	1
Par			-	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

	North Carol	ina Asso	ciation	of	Free	and
Form 990 (2022)	Charitable					
Part V Statements R	egarding Other IF	RS Filings an	d Tax Com	plian	ce _{(conti}	inued)

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16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			15		
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16		16		х
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
			17		
		If "Yes," complete Form 6069.			

_	North Carolina Association of Free and (2022) Charitable Clinics Inc 56-2062	170	_	6
	990 (2022) Charitable Clinics Inc 56-2062 t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a			eage 6
. ai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	"NO" I	respor	ise
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			21
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11		103	
Ĩ	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>	-
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	<u>11a</u>	~	
		12a	х	
iza b	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>		X	
c b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	12b	- 23	
C	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			

Section C. Disclosure NC List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records

<u>April Cook - 336-251-1111</u>

exempt status with respect to such arrangements?

1399 Ashleybrook Lane Suite 100, Winston Salem, NC 27103

16b

N	orth Carolina Association of Free	and							
Form 990 (2022)	Charitable Clinics Inc	56-2062170 Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Schedule O c	contains a response or note to any line in this Part VII								
Section A. Officers, Directors,	Trustees, Key Employees, and Highest Compensated Employed	es							
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 									

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than o	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unles cer an	ss per Id a d	rson i irecto	s both r/trus	tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ee.			Highest compensated employee		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	Institutional trustee		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	utiona	_	Key employee	st cor	L.	1000 NEO)		organizations
	line)	Indivi	Institu	Officer	Key ei	Highe	Former			
(1) Randolph S Jordan	40.00									
CEO				х				91,680.	Ο.	0.
(2) April Cook	40.00									
CEO				Х				45,962.	0.	0.
(3) Lucy Vidal-Barreto	5.00									
Director		Х						0.	0.	0.
(4) John Price	5.00									
Treasurer		Х		х				0.	0.	0.
(5) Michael Lischke	5.00									
Director		х						0.	0.	0.
(6) John Mills	5.00									•
Director		Х						0.	0.	0.
(7) Anthony Price	5.00							•	0	0
Chairman		X		X				0.	0.	0.
(8) Rosh Foskey	5.00							•	0	•
Director (9) Krista Woolly	5.00	Х						0.	0.	0.
(9) Krista woolly Vice Chairman	5.00	x		x				0.	0.	0.
(10) Sherri Fisher	5.00	Λ		^				0.	0.	0.
Director	5.00	x						0.	0.	0.
(11) Janet Jarrett	5.00	Λ						0.	0.	0.
Secretary	5.00	x		x				0.	0.	0.
(12) Tchernavia Montgomery	5.00									
Director		х						0.	0.	0.
(13) Mitch Perry	5.00									
Director		х						0.	0.	0.
		1								

North Carolina Association of Free and										
Form 990 (2022) Charitak	56-2062	170								
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	(C)	(D)	(E)						
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)	Reportable compensation from	Reportable compensation from related	Es an					
	(list anv	tor	the	organizations						

		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b	Subtotal								137,642.	0.	0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 137,642.	0.	0.
2	Total number of individuals (including but r compensation from the organization								ceived more than \$100,	000 of reportable	0

	compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
number of independent contractors (including but 200 of compensation from the organization	not limited to those listed 0	above) who received more than	

Page **8**

(F) Estimated amount of other

_

North Carolina Association of Free and Charitable Clinics Inc

			2022) Charitable	e C	linics Ir	nc		56-2062	170 Page 9
Pa	rt V	111	Statement of Revenue						
			Check if Schedule O contains a resp	onse	or note to any line		(5)	(0)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue	function revenue	business revenue	from tax under
									sections 512 - 514
nts nts	1	а	Federated campaigns 1a						
àrar our		b	Membership dues 1b		46,623.				
S, G		С	Fundraising events 1c						
Sift: ar J		d	Related organizations 1d						
s, (imil		е	Government grants (contributions) 1e		9,504,423.				
tion r S		f	All other contributions, gifts, grants, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f		735,919.				
d O		g	Noncash contributions included in lines 1a-1f	\$					
Co an		h	Total. Add lines 1a-1f			10,286,965.			
					Business Code				
ė	2	а							
e vic		b							
Se		с							
am eve		d							
Program Service Revenue		е							
Pr		f	All other program service revenue						
		g							
	З		Investment income (including dividends,	intere	est, and				
			other similar amounts)			7,586.			7,586.
	4		Income from investment of tax-exempt b	ond p	proceeds				
	5		Royalties						
			(i) Rea		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Secur	ities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
e			and sales expenses 7b						
evenue		с	Gain or (loss) 7c						
			Net gain or (loss)						
Other R			Gross income from fundraising events (not						
Oth			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses						
			Net income or (loss) from fundraising eve						
			Gross income from gaming activities. Se						
			Part IV, line 19	9a					
		b	Less: direct expenses						
		с	Net income or (loss) from gaming activition	es					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a	a				
		b	Less: cost of goods sold						
			Net income or (loss) from sales of invento						
					Business Code				
sno	11	а							
nue		b							
eve		с							
Miscellaneous Revenue		d	All other revenue						
2			Total. Add lines 11a-11d						
			Total revenue See instructions			10,294,551.	0.	0.	7,586.

North Carolina Association of Free and Form 990 (2022) Charitable Clinics Inc Part IX Statement of Functional Expenses

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	501(c)(2) and $501(c)(4)$ organizations must comp		or organizations must con	anloto column (A)	
Seci	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiele column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21	9,726,604.	9,726,604.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 640			0 1 6 0
	trustees, and key employees	137,642.	73,417.	55,057.	9,168.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	264 174	165 770	05 072	10 501
7	Other salaries and wages	264,174.	165,770.	85,873.	12,531.
8	Pension plan accruals and contributions (include	10 000		10 000	
~	section 401(k) and 403(b) employer contributions)	10,000.	14 606	10,000.	
9	Other employee benefits	30,585. 30,072.	14,696. 18,782.	<u>15,889.</u> 9,605.	1,685.
10	Payroll taxes	30,072.	10,702.	9,005.	1,005.
11	Fees for services (nonemployees):	5 0 2 8	28.		5,000.
a L	Management	5,028. 2,526.	2,526.		5,000.
b		37,883.	1,995.	27,082.	8,806.
d	Accounting	16,347.	1,555.	12,260.	4,087.
	Lobbying Professional fundraising services. See Part IV, line 17	10,547.		12,200.	
f	Investment management fees	2,753.		2,753.	
g		271331			
Э	column (A), amount, list line 11g expenses on Sch 0.)	47,016.		47,016.	
12	Advertising and promotion	, • _ • •			
13	Office expenses	4,094.		3,650.	444.
14	Information technology	40,671.	30,761.	7,433.	2,477.
15	Royalties		,		•
16	Occupancy	26,589.		19,942.	6,647.
17	Travel	9,258.		9,258.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	57,546.		57,546.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	<u>1,175.</u> 7,785.		1,175.	
23	Insurance	7,785.		5,839.	1,946.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Communications	71,956.		71,956.	
b	Telephone	4,460.	328.	3,219.	913.
c	Dues and subs	4,015.		3,722.	293.
d	Other	1,344.		1,287.	57.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,539,523.	10,034,907.	450,562.	54,054.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farm 990 (0000

Form	990	(2022)
	000	(2022)

North Carolina Association of Free and Charitable Clinics Inc

	990 (2			56-	2062170 Page
~ar	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	543,760.	1	363,649
	2	Savings and temporary cash investments		2	3,717,401
	3	Pledges and grants receivable, net	1,000,000.	3	505,000
	4	Accounts receivable, net	5,607.	4	4,459
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
0	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	3,837.	9	8,236
	10a	Land, buildings, and equipment: cost or other	· · · · · ·		· · · · · · · · · · · · · · · · · · ·
	b	basis. Complete Part VI of Schedule D10a53,452.Less: accumulated depreciation10b51,766.	2,862.	10c	1,680
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	386,077.	12	324,32
	13	Investments - program-related. See Part IV, line 11	•	13	•
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,942,143.	16	4,924,75
	17	Accounts payable and accrued expenses	49,104.	17	<u>4,924,75</u> 2,343,28
	18	Grants payable		18	
	19	Deferred revenue	12,765.	19	1,005,17
	20	Tax-exempt bond liabilities	•	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Ś		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	61,869.	26	3,348,45
		Organizations that follow FASB ASC 958, check here			
3		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	521,647.	27	932,00
3	28	Net assets with donor restrictions	1,358,627.	28	644,30
		Organizations that do not follow FASB ASC 958, check here			
3		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
3	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ŋ I				31	
Asse	31	Retained earnings, endowment. accumulated income. or other funds			
Net Assets of Fund balances	31 32	Retained earnings, endowment, accumulated income, or other funds	1,880,274.	32	1,576,30

Form **990** (2022)

Form	North Carolina Association of Free and (2022) Charitable Clinics Inc	56-	-2062170	Pa	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,29	4,5	51.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,53					
3	Revenue less expenses. Subtract line 2 from line 1	3	-24					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,88					
5	Net unrealized gains (losses) on investments	5	-5	9,0	01.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1,57					
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	·····						
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			77				
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	х				
review, or compilation of its financial statements and selection of an independent accountant?								
-	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			x				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Λ	├──			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			v				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u>X</u>	<u> </u>			

Form **990** (2022)

(Form	EDULE A 990) at of the Treasury venue Service	Co	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							
Name	of the organization			Association				Employer	Inspection identification number	
Name C	in the organization		ritable Cl:		OL LI	.ee ai	ia		6-2062170	
Part	Reason	for Public (Charity Status	(All organizations must c	omploto th	via part \ S	oo ipotructior		0-2002170	
							ee instruction	15.		
	-	-		For lines 1 through 12, cl	•					
1	- · ·			n of churches described		n 170(b)(1	I)(A)(i).			
2 _										
3	- ·	•		anization described in se			•			
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
_	city, and state									
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in	
	_ section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7 X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in	
	section 170(I	b)(1)(A)(vi). (C	omplete Part II.)							
8 _	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)					
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college	
	or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
	_ university:									
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from	
				t to certain exceptions; a					-	
				(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	Ifter June 30, 1975.	
	7		mplete Part III.)		_					
11	¬ -	-	-	vely to test for public saf	•					
12	-	-	-	vely for the benefit of, to	-			•		
			-	d in section 509(a)(1) o					Check the box on	
Г		•	• •	f supporting organization				-		
a				upervised, or controlled I	• • •	-				
	••	0	., .	gularly appoint or elect a	majority o	it the aired	tors or truste	es of the su	ipporting	
ь∣			complete Part IV, Se	or controlled in connect	ion with it	oupporte	d organizatio	n(a) by bay	ing	
D L			-	anization vested in the sa			-		-	
		-	t complete Part IV,		ane perso	13 1121 00	ntiol of mana	ge the supp	Joned	
c [-	g organization operated i	in connect	ion with	and functiona	llv integrate	d with	
υĽ). You must complete F				ny mograte	a with,	
d		0	. , .	porting organization operation		-		rted organiz	ration(s)	
		-		ation generally must sati				-		
				nplete Part IV, Sections						
e				written determination from				II, Type III		
	functionally	integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.				
f Ei	nter the number									
g P	rovide the followi	ng informatior	about the supporte	d organization(s).						
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed	(v) Amount o		(vi) Amount of other	
	organization	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Total										

North Carolina Association of Free and Charitable Clinics Inc

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Schedule A (Form 990) 2022 Charitable C

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1285148.	1646434.	15819959.	260,327.	10267027.	29278895.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1285148.	1646434.	15819959.	260,327.	10267027.	29278895.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4703642.
6	Public support. Subtract line 5 from line 4.						24575253.
	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1285148.	1646434.	15819959.		10267027.	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	962.	13,767.	12,232.	914.	7,586.	35,461.
9	Net income from unrelated business					,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	15,825.	16,205.	6,000.	17,000.	19,938.	74,968.
11	Total support. Add lines 7 through 10						29389324.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	
	First 5 years. If the Form 990 is for th						
10	organization, check this box and stop	-		-			
Sec	tion C. Computation of Publi						
	Public support percentage for 2022 (li			column (f))		14	83.62 %
	Public support percentage from 2021					15	71.65 %
	33 1/3% support test - 2022. If the c					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
17a	and stop here. The organization qualifies as a publicly supported organization						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	•	• •		•		
N	more, and if the organization meets th	•					
	organization meets the facts-and-circu						
19	Private foundation. If the organizatio						L
18	rivate ioundation. It the organizatio	IT UIU HUL CHECK & I		a, 100, 17a, 01 170	, oneon unis dux a		/F a res 000) 0000

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	haritabl	e Clinics	Inc	f Free and		2170 Page 3
Part III Support Schedule for O	ganizations	Described in S	Section 509(a)	(2)		
(Complete only if you checked t	he box on line 10	of Part I or if the	organization failed	to qualify under P	art II. If the organiz	ation fails to
qualify under the tests listed be	ow, please com	olete Part II.)				
Section A. Public Support		1	<u> </u>	1	1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5			-			
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					•	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
check this box and stop here	-					
Section C. Computation of Public						
15 Public support percentage for 2022 (lin	e 8, column (f), d	divided by line 13, o	column (f))		15	ç
16 Public support percentage from 2021 S Section D. Computation of Invest					16	ç
17 Investment income percentage for 202			ine 13, column (f))		17	ç
18 Investment income percentage from 20					18	C
19a 33 1/3% support tests - 2022. If the c						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2021. If the c	•				ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	all all as a final state of the second	hav an line 14 10	a au 10h abaali th	in hav and and in	tructions	

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Yes No

Schedule A (Form 990) 2022 Cha Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a North Carolina Association of Free and

Sche	edule A (Form 990) 2022 Charitable Clinics Inc 56-2	06217	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec				
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). ction D. All Type III Supporting Organizations			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organization(s).	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement			

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2b

3a

Sche	dule A (Form 990) 2022 Charitable Clinics In			56-2062170 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (<i>explain i</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functior	ally integrate	d Type III supporting or	ganization (see

North Carolina Association of Free and

Schedule A (Form 990) 2022

instructions).

North Carolina Association of Free and Charitable Clinics Inc

	dule A (Form 990) 2022 Charitable C			5	<u>6-2062170 Ра</u>	age 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	Γ	1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022	2
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	Charita	ble Clinics			56-2062170 Page 8
Part IV, Section A, lin line 1; Part IV, Sectio		, 5a, 6, 9a, 9b, 9c, 11a t IV, Section E, lines 1	a, 11b, and 11c; Part I c, 2a, 2b, 3a, and 3b;	V, Section B, lines 1 Part V, line 1; Part \	and 2; Part IV, Section C, /, Section B, line 1e; Part V,
Schedule A, Part	II, Line 10	, Explanati	on for Othe	r Income:	
Conference income	(once a yea	ar)			
2018 Amount: \$	15,825.				
2019 Amount: \$	16,205.				
2020 Amount: \$	6,000.				
2021 Amount: \$	17,000.				
2022 Amount: \$	19,938.				

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

56-2062170

2022

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BCBS Foundation of NC	4,957,000.	4,369,214
KB Reynolds Foundation	922,214.	334,428
otal Excess Contributions to Schedule A. Part II. Line 5	1	4,703,642

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

56-2062170

North	Carolina	Associatio	n of	Free	and
Char	itable Cl	inics Inc			

^			An eres of	/ -	-) -
	raan	ization	T\/no	(check on	21.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless to the set of the set of the set of the parts unless to the set of the set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	Carolina Association of Free and itable Clinics Inc		56-2062170
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	Kate B Reynolds Charitable Trust 128 Reynolda Village Winston Salem, NC 27106-5123	\$220,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2	US Dept of Treasury, NC Dept of HHS Office of Rural Health 2009 Mail Service Center Raleigh, NC 27699-2009	\$9,504,4	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Occurrence (Complete Part II for noncash contributions.)

Employer identification number

Schedule B (Form 990)	(2022
Name of organization	

orth	rganization Carolina Association of Free and		Employer identification num
	itable Clinics Inc		56-2062170
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _ \$	

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)			Page 4		
	organization			Employer identification number		
	Carolina Association of	Free and				
	itable Clinics Inc			56-2062170		
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent	rv. For organizations			
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) \$		
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.				
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
Part I						
		(e) Transfer of gif	t			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee		
		[
(a) No.						
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
Part I						
		(e) Transfer of gif	t			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee		
		[
(a) No.		· · · · · · · · · · · · · · · · · · ·				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
		(e) Transfer of gif	t			
	Transferee's name, address, ar	nd 7 IP + 4	Relationship of tr	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
Part I		()				
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
		[
		[
	1					

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	Complete	anizations Exempt From Income if the organization is described b o to www.irs.gov/Form990 for ins	elow. Attach to Fo	rm 990 or Form 990		2022 Open to Public Inspection
 Section 501(c)(3) org Section 501(c) (other Section 527 organization 	anizations: Com r than section 50 ations: Complete	,	blete Part I-C. arts I-A and C below. I	Do not complete Parl	: I-B.	
• Section 501(c)(3) org • Section 501(c)(3) org If the organization answ Tax) (See separate inst	ganizations that I ganizations that I wered "Yes," or ructions), then	Form 990, Part IV, line 4, or Form nave filed Form 5768 (election under nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy cions: Complete Part III.	er section 501(h)): Con 1 under section 501(h))	nplete Part II-A. Do n : Complete Part II-B.	ot comple Do not ce	ete Part II-B. omplete Part II-A.
Name of organization		arolina Associatio able Clinics Inc	on of Free a	and		Fr identification number $56-2062170$
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 52	7 orgar	nization.
2 Political campaign	activity expendit	ation's direct and indirect political ures gn activities				
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3)			
 Enter the amount o Enter the amount o If the organization ii Was a correction m 	f any excise tax f any excise tax ncurred a sectio nade?	incurred by the organization under incurred by organization managers n 4955 tax, did it file Form 4720 for	section 4955 under section 4955 r this year?		\$	
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c), e	except section 5	01(c)(3)	
 Enter the amount o exempt function ac Total exempt function 	f the filing organ tivities on expenditures	by the filing organization for sectivization's funds contributed to othe . Add lines 1 and 2. Enter here and	r organizations for sec on Form 1120-POL,	tion 527	\$	
 4 Did the filing organi 5 Enter the names, ac made payments. For contributions received 	ization file Form ddresses and en or each organiza /ed that were pro	1120-POL for this year? nployer identification number (EIN) tion listed, enter the amount paid for omptly and directly delivered to a s additional space is needed, provide	of all section 527 polit rom the filing organiza eparate political organ	ical organizations to tion's funds. Also en nization, such as a se	which the ter the an	nount of political
(a) Name		(b) Address	(c) EIN	, (d) Amount paid f filing organizatio funds. If none, ente	n's co er-0	(e) Amount of political portributions received and promptly and directly delivered to a separate political organization. If none, enter -0

		ina Associa Clinics In	tion of Free c		2062170 Page 2
Part II-A Complete if the organization 501(h)).				d Form 5768 (el	ection under
A Check if the filing organization b	elongs to an affi	iliated group (and list in	Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and share of e B Check if the filing organization cl	, ,	• •	wisions analy		
• • •	Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (arassroots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a	and 1b)				
					+
e Total exempt purpose expenditures (add			l l l l l l l l l l l l l l l l l l l		
f Lobbying nontaxable amount. Enter the formula find the amount on line 1e, column (a) or (b) is		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00) \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	,000.			
g Grassroots nontaxable amount (enter 25	% of line 1f)				
h Subtract line 1g from line 1a. If zero or le	,				
i Subtract line 1f from line 1c. If zero or les	s, enter -0-				
j If there is an amount other than zero on reporting section 4911 tax for this year?	either line 1h or	line 1i, did the organiza	ation file Form 4720		Yes No
(Some organizations that ma	ade a section 5	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
<u>c</u> Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

North Carolina Association of Free and Charitable Clinics Inc

56-2062170 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.			No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		X X		
d	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		16	5,347.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
	Total. Add lines 1c through 1i			16	5,347.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u>+'</u>	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	1 501(0)(b), or sec		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
-	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
_	expenditures next year?				
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
			A lines 1		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	iist); Part II-	A, lines 1 al	iu 2 (See	
Instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Part II-B, Line 1, Lobbying Activities:

Meetings with and/or calling government officials or legislators.

Gen media Complete if the organization answered 'Yes' on Form 900, Data Mi, line 6, 79, 6, 10, 11, 6, 11, 6, 11, 61, 12, 72, or 12. Construction 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	60		Supplement	al Financial Statements		OMB No. 1545-0047
Pert IV, line 6, 7, 8, 8, 10, 11, 115, 116, 116, 117, 112, 112, 112, 112, 112, 112, 112	(Form 990)			2022		
Intervention Coto www.trs.gov/Form@00 for instructions and the latest information. Inspection Name of the organization North Carolilla Association of Pree and Charitable Clinics Inc. Employer identification number 55 - 2062170 Pert1 Organization answerd Yes' on Form 980, Part V, line 6. (a) Funds and other accounts. Complete if the organization answerd Yes' on Form 980, Part V, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Did the organization inform and donor advisor in writing that the assats held in donor advisor in the organization inform and grantes, donors, and donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor. Preesvation of a historically important indo area (Preservation of a certified historic structure (Preservation cereaments included in (d) acquired after Juy 26,2006, and not on a historic structure and model in the Naltonia Register (N,			Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			Open to Public
Charitable Clinics Inc		Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			on.	
Pertil Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization enswered 'Ves' on Form 990, Part IV, line 4. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of combinutions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of organization is required water at organization is experime whether the sextsh held in donor advised funds (b) Funds and other accounts 4 Aggregate value of organization is experime whether the donor of donor advised funds (b) Funds and other accounts 5 Dot the organization inform all grantees, chones, and donor advisors in writing that grant funds can be used only (b) 6 Dot the organization is experiments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. (b) Protection of natural habitat (b) (c) (c) (c) (c) Dot the organization experiments (c) (c) (c) 2 Complete if the organization experiments (c) (c) (c) 2 Complete inse 2.2 through 2.0 if the organization experiments (c) (c) (c) 3 Total anumber of conservation easements (c)	Nam					
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 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	6	•				
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			с, т с,			0 ,
 and section 170(h)(4)(B)(li)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X<th>7</th><th>Amount of expens</th><th>es incurred in monitoring, inspecting, hanc</th><th>lling of violations, and enforcing conservatio</th><th>n easement</th><th>ts during the year</th>	7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservatio	n easement	ts during the year
 and section 170(h)(4)(B)(li)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X<th></th><th></th><th></th><th></th><th></th><th></th>						
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 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 			-			
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 (i) Revenue included on Form 990, Part VIII, line 1		art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in further	rance of put	blic service,
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 		•	с с			
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a Revenue included on Form 990, Part VIII, line 1 \$	2				ain, provide	9
b Assets included in Form 990, Part X \$	-	-		-		¢
						<u>⊅</u> Schedule D (Form 990) 202

	dule D (Form 990) 2022 Charita	arolina As able Clini	cs In	С			56-2	2062170) Page 2
	t III Organizations Maintaining C								ued)
3	Using the organization's acquisition, accessio	on, and other record	ds, check a	any of the f	ollowing that	make sign	ificant use of i	ts	
	collection items (check all that apply):		. —.						
a	Public exhibition				hange progra				
b	Scholarly research		e [] O	ther					
c	Preservation for future generations								
4	Provide a description of the organization's co	•			•	•	· ·	art XIII.	
5	During the year, did the organization solicit of							Vee	
Par	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrang							V line 9 or	No No
	reported an amount on Form 990, Par			Jiyanizatio	II allowered		5111 990, Fait 1	v, iirie 9, 0i	
1a	Is the organization an agent, trustee, custodia		diary for co	ontributions	s or other ass	ets not inc	luded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
	······································							Amount	
с	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo						?	Yes	No
	If "Yes," explain the arrangement in Part XIII.					-			
Par	t V Endowment Funds. Complete in	f the organization a	nswered "	Yes" on Fo	rm 990, Part	IV, line 10.			
		(a) Current year	(b) Pri	or year	(c) Two year	s back (d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g,	column (a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that a	are held ar	nd administer	ed for the		г	
	organization by:								Yes No
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization							3b	
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment fur	nds.					
Fai	Complete if the organization answered		0 Bart IV	lino 110 S	oo Eorm 000	Dart V lin	o 10		
								(-1) D1	
	Description of property	(a) Cost or o basis (invest		• •	or other (other)	• •	umulated eciation	(d) Book	value
12	Land			24010		copic			
	Buildings								
	Leasehold improvements				1,500.		605.		895.
	Equipment				0,728.	2	29,937.		791.
	Other				1,224.		21,224.		0.
	. Add lines 1a through 1e. (Column (d) must ea		X. column		· ·			1	.,686.
				. <u> </u>					

North Carolina Association of Free and Charitable Clinics Inc

Schedule		Clinics Inc	56	5-2062170 Page 3
Part V				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Finar	ncial derivatives			
(2) Close	ely held equity interests			
(3) Othe	r			
(A)]	Foundation for the			
(B) (Carolinas Investment Pool	324,323	End-of-Year Market	Value
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Co	ıl. (b) must equal Form 990, Part X, col. (B) line 12.)	324,323	•	
Part V	III Investments - Program Related.	•	•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ıl. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part I	X Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		Description	· · ·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	olumn (b) must equal Form 990, Part X, col. (B) line	15)		1
Part X	Other Liabilities.	5 IO.)		1
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25	5.
1.	(a) Description of liability	,,,,	,,,	(b) Book value
	Federal income taxes			(-)
<u>(2)</u> (3)				+
(4)				
				+
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				+
Total. (C	<u>olumn (b) must equal Form 990, Part X, col. (B) line</u>	<u>e 25.)</u>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

North	Caroli	lna	Asso	ciation	of	Free	and
Chari	ltable	C1:	inics	Inc			

Sche			2062170	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	10,232,	797.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e		754.
3	Subtract line 2e from line 1	3	10,294,	551.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,294,	551.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	10,536,	770.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
с	Other losses 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	10,536,	770.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b 2,753.			
с	Add lines 4a and 4b	4c		753.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,539,	523.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII, Line 4b - Other Adjustments:

Investment fees netted to revenue on books

2,753.

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047 2022 Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Inspection
	olina Ass le Clinic	ociation of s Inc	Free and				Employer identification number $56-2062170$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to 	stance?	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than S	-						,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							Increase avail of
ABCCM Medical Ministry							healthcare to uninsured
155 Livingston St							of NC or CRF for COVID-19
Asheville, NC 28801	56-0945001	501(c)(3)	490,400.	0.			related costs
							Increase avail of
Alliance Medical Ministry							healthcare to uninsured
101 Donald Ross Drive							of NC or CRF for COVID-19
Raleigh, NC 27610	56-2168673	501(c)(3)	396,267.	0.			related costs
							Increase avail of
Blue Ridge Free Dental Clinic							healthcare to uninsured
PO Box 451							of NC or CRF for COVID-19
Cashiers, NC 28717	51-0509517	501(c)(3)	113,431.	0.			related costs
							Increase avail of
Broad Street Clinic Foundation							healthcare to uninsured
534 N 35th Street Suite K							of NC or CRF for COVID-19
Morehead City, NC 28557	56-1853604	501(c)(3)	106,545.	0.			related costs
							Increase avail of
Camino Community Center (Camino							healthcare to uninsured
Clinic) - 133 Stetson Dr -							of NC or CRF for COVID-19
Charlotte, NC 28262	56-2116201	501(c)(3)	389,888.	0.			related costs
							Increase avail of
Campbell University CCC							healthcare to uninsured
PO Box 275							of NC or CRF for COVID-19
Buies Creek, NC 27506	56-0529940	501(c)(3)	114,730.	0.			related costs
2 Enter total number of eastion $501(a)(2)$ a	nd anyornmont or	appizations listed in th	o lino 1 tablo				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990)

Charitable Clinics Inc Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 56-2062170 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Increase avail of
Cape Fear Clinic, Inc.							healthcare to uninsured
1605 Doctors Circle							of NC or CRF for COVID-19
Wilmington, NC 28401	56-1984630	501(c)(3)	187,144.	0.			related costs
							Increase avail of
CARE Clinic							healthcare to uninsured
PO Box 53438							of NC or CRF for COVID-19
Fayetteville, NC 28305	56-1837010	501(c)(3)	115,834.	0.			related costs
							Increase avail of
Care Ring							healthcare to uninsured
601 E 5th St Suite 140							of NC or CRF for COVID-19
Charlotte, NC 28202	56-0621073	501(c)(3)	218,713.	0.			related costs
							Increase avail of
CareNet Inc							healthcare to uninsured
2000 W 1st St Suite 410							of NC or CRF for COVID-19
Winston Salem, NC 27104	56-1977341	501(c)(3)	96,000.	0.			related costs
							Increase avail of
CCC - Albemarle Hospital							healthcare to uninsured
Foundation - PO Box 1412 -							of NC or CRF for COVID-19
Elizabeth City, NC 27906	43-2031990	501(c)(3)	300,913.	0.			related costs
,			, ,				Increase avail of
Chatham CARES Community Pharmacy							healthcare to uninsured
127 East Raleigh Street							of NC or CRF for COVID-19
Siler City, NC 27344	41-2170926	501(c)(3)	55,259.	0.			related costs
,			,				Increase avail of
Christ Community Church							healthcare to uninsured
4555 Fairview Drive							of NC or CRF for COVID-19
Wilmington, NC 28412	03-0389985	Church	44,713.	0.			related costs
			, ,				Increase avail of
Community Care Center for Forsyth							healthcare to uninsured
County - 2135 New Walkertown Road							of NC or CRF for COVID-19
- Winston Salem, NC 27101	58-1403699	501(c)(3)	356,048.	0.			related costs
,		,					Increase avail of
Community Care Clinic - Elizabeth							healthcare to uninsured
City - 918 Greenleaf Street -							of NC or CRF for COVID-19
Elizabeth City, NC 27909	43-2031990	501(c)(3)	45,585.	0.			related costs

Schedule I (Form 990)

Charitable Clinics Inc Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 56-2062170 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Increase avail of
Community Care Clinic of Boone							healthcare to uninsured
141 Health Center Dr Suite B							of NC or CRF for COVID-19
Boone, NC 28607	20-8607858	501(c)(3)	165,180.	0.			related costs
							Increase avail of
Community Care Clinic of Dare							healthcare to uninsured
PO Box 1329							of NC or CRF for COVID-19
Nags Head, NC 27959	20-2230717	501(c)(3)	143,630.	0.			related costs
							Increase avail of
Community Care Clinic of Franklin,							healthcare to uninsured
Inc 1830 Lakeside Drive -							of NC or CRF for COVID-19
Franklin, NC 28734	61-1662916	501(c)(3)	43,481.	0.			related costs
,			, ,				Increase avail of
Community Care Clinic of							healthcare to uninsured
- Highlands-Cashiers Inc 52 Aunt							of NC or CRF for COVID-19
Dora Drive - Highlands, NC 28741	65-1251915	501(c)(3)	51,469.	0.			related costs
,,							Increase avail of
Community Care Clinic of Rowan							healthcare to uninsured
County - 315 Mocksville Avenue							of NC or CRF for COVID-19
Suite G - Salisbury, NC 28144	56-1964773	501(c)(3)	223,655.	0.			related costs
				••			Increase avail of
Community Clinic of High Point							healthcare to uninsured
PO Box 5607							of NC or CRF for COVID-19
High Point, NC 27262	56-1795022	501(c)(3)	195,409.	0.			related costs
	30 1753022	501(0/(5/	155,405.	0.			Increase avail of
Community Dental Health Care (Wake							healthcare to uninsured
-							of NC or CRF for COVID-19
Smiles) - 5621 Departure Dr Ste	56 2250270	F01(-)(2)	112 017	0			
109 - Raleigh, NC 27616	56-2258278	501(C)(3)	113,217.	0.			related costs
							Increase avail of
Community Free Clinic							healthcare to uninsured
528A Lake Concord Road NE				-			of NC or CRF for COVID-19
Concord, NC 28025-2926	58-2131301	501(c)(3)	131,950.	0.			related costs
							Increase avail of
Community Health Services of Union							healthcare to uninsured
County - 1338-C East Sunset Drive							of NC or CRF for COVID-19
- Monroe, NC 28112	46-0495947	501(c)(3)	131,655.	Ο.			related costs

Schedule I (Form 990)

Charitable Clinics Inc

56-2062170 Page 1

				(a) A maximum of	(f) Mathematical		(h) Dumpers of succes
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Increase avail of
Crisis Control Ministry Pharmacy							healthcare to uninsured
200 E 10th Street							of NC or CRF for COVID-19
Winston Salem, NC 27101-1512	23-7348168	501(c)(3)	118,655.	0.			related costs
							Increase avail of
Davidson Medical Ministries							healthcare to uninsured
Clinic, Inc PO Box 584 -							of NC or CRF for COVID-19
Lexington, NC 27293-0584	56-1746266	501(c)(3)	267,909.	٥.			related costs
							Increase avail of
DEAC Clinic							healthcare to uninsured
2295 NE 14th St							of NC or CRF for COVID-19
Winston Salem, NC 27105	56-1746266	501(c)(3)	10,394.	Ο.			related costs
							Increase avail of
Fifth St Ministries							healthcare to uninsured
PO Box 5217							of NC or CRF for COVID-19
Statesville, NC 28687	58-1821225	501(c)(3)	32,874.	Ο.			related costs
							Increase avail of
Foundation for Health Leadership &							healthcare to uninsured
Innovation - 2401 West Phwy Ste							of NC or CRF for COVID-19
203 - Cary, NC 27513	58-1461316	501(c)(3)	25,000.	٥.			related costs
							Increase avail of
Free Clinic of Rockingham County							healthcare to uninsured
PO Box 2668							of NC or CRF for COVID-19
Reidsville, NC 27323-2668	56-2003143	501(c)(3)	164,318.	٥.			related costs
							Increase avail of
Good Samaritan Clinic							healthcare to uninsured
305 West Union Street							of NC or CRF for COVID-19
Morganton, NC 28655	56-1939030	501(c)(3)	182,108.	Ο.			related costs
							Increase avail of
Grace Clinic							healthcare to uninsured
948 Johnson Ridge Rd							of NC or CRF for COVID-19
Elkin, NC 28621	76-0800084	501(c)(3)	103,513.	0.			related costs
			, ,				Increase avail of
Greater Hickory CCM Medical							healthcare to uninsured
Ministries - 31 1st Ave SE -							of NC or CRF for COVID-19
Hickory, NC 28602	56-0934855	501(c)(3)	180,155.	0.			related costs

Schedule I (Form 990)

Charitable Clinics Inc Part II Continuation of Grante and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II.) 56-2062170 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Increase avail of
Hands of Hope Medical Clinic							healthcare to uninsured
148 Beroth Drive							of NC or CRF for COVID-19
Yadkinville, NC 27055-0062	27-5569145	501(c)(3)	99,126.	0.			related costs
							Increase avail of
HealthQuest of Union County							healthcare to uninsured
415 East Franklin Street							of NC or CRF for COVID-19
Monroe, NC 28112-5600	56-2117596	501(c)(3)	215,145.	0.			related costs
							Increase avail of
HealthReach Community Clinic							healthcare to uninsured
400 E Statesvill Ave Suite 300							of NC or CRF for COVID-19
Mooresville, NC 28115	20-1020941	501(c)(3)	54,170.	Ο.			related costs
							Increase avail of
Helping Hand Clinic - Sanford							healthcare to uninsured
507 N. Steele St.							of NC or CRF for COVID-19
Sanford, NC 27330	56-1752295	501(c)(3)	32,799.	0.			related costs
			,				Increase avail of
Helping Hands of Caldwell County							healthcare to uninsured
810 Harper Ave NW							of NC or CRF for COVID-19
Lenoir, NC 28645	56-2076541	501(c)(3)	203,028.	0.			related costs
			, -				Increase avail of
HOPE Clinic							healthcare to uninsured
PO Box 728							of NC or CRF for COVID-19
Boyboro, NC 28515	56-2114681	501(c)(3)	94,487.	0.			related costs
				- •			Increase avail of
Hope Community Clinic (Smith							healthcare to uninsured
Family Wellness) - PO Box 728 -							of NC or CRF for COVID-19
Bayboro, NC 28515	56-2114681	501(c)(3)	234,566.	0.			related costs
	50 2111001	501(0)(3)	201,000.	••			Increase avail of
John P. Murray Community Care							healthcare to uninsured
Clinic, Inc 303 Yadkin St Suite							of NC or CRF for COVID-19
C - Albemarle, NC 28001	56-2098720	501(c)(3)	38,857.	0.			related costs
C MEDEMALIE, NC 20001	50 20 90 720	501(0/(5/		0.			Increase avail of
Lake Nerman Community Variate							
Lake Norman Community Health							healthcare to uninsured
Clinic - PO Box 2398 -	04 2722000	F01(-)(2)	205 055	0			of NC or CRF for COVID-19
Huntersville, NC 28070	04-3723062	DUT(C)(3)	325,957.	٥.			related costs

Schedule I (Form 990)

Charitable Clinics Inc Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 56-2062170 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Increase avail of
Local Start Dental							healthcare to uninsured
370 Jackson St							of NC or CRF for COVID-19
Durham, NC 27701	83-3397388	501(c)(3)	57,674.	0.			related costs
							Increase avail of
Mariam Clinic							healthcare to uninsured
4441-106 Six Forks #388							of NC or CRF for COVID-19
Cary, NC 27609	20-3011248	501(c)(3)	50,325.	0.			related costs
							Increase avail of
Matthews Free Medical Clinic							healthcare to uninsured
196 S Trade St							of NC or CRF for COVID-19
Matthews, NC 28105-5772	51 - 0468874	501(c)(3)	220,890.	٥.			related costs
							Increase avail of
MERCI Clinic							healthcare to uninsured
1315 Tatum Drive							of NC or CRF for COVID-19
New Bern, NC 28560	56-2034052	501(c)(3)	67,227.	0.			related costs
							Increase avail of
Moore Free and Charitable Clinic							healthcare to uninsured
211 Trimble Plant Rd Suite C							of NC or CRF for COVID-19
Southern Pines, NC 28387	01-0781234	501(c)(3)	213,158.	0.			related costs
							Increase avail of
Mustard Seed Community Health							healthcare to uninsured
238 South English Street							of NC or CRF for COVID-19
Greensboro, NC 27401	46-4980081	501(c)(3)	115,173.	0.			related costs
							Increase avail of
NC MedAssist							healthcare to uninsured
4428 Taggart Creek Road Suite 101							of NC or CRF for COVID-19
Charlotte, NC 28208	56-2018957	501(c)(3)	307,771.	0.			related costs
							Increase avail of
New Hope Clinic							healthcare to uninsured
201 W. Boiling Spring Rd							of NC or CRF for COVID-19
Southport, NC 28461	31-1614379	501(c)(3)	107,064.	0.			related costs
							Increase avail of
New Stories Health and Wellness							healthcare to uninsured
Center - 1024 Waughtown St -							of NC or CRF for COVID-19
Winston Salem, NC 27107	82-1527806	501(c)(3)	8,230.	0.			related costs

Schedule I (Form 990)

Charitable Clinics Inc Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 56-2062170 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Increase avail of
Onslow Community Outreach Inc.							healthcare to uninsured
600 Court Street							of NC or CRF for COVID-19
Jacksonville, NC 28540	56-1705813	501(c)(3)	167,278.	0.			related costs
							Increase avail of
Open Door Clinic of Alamance							healthcare to uninsured
County - 319E N. Graham Hopedale							of NC or CRF for COVID-19
Rd - Burlington, NC 27217	56-1794210	501(c)(3)	78,084.	Ο.			related costs
							Increase avail of
Samaritan Health Center							healthcare to uninsured
PO Box 51339							of NC or CRF for COVID-19
Durham, NC 27717	26-3770762	501(c)(3)	141,019.	Ο.			related costs
							Increase avail of
Scotland Community Health Clinic							healthcare to uninsured
1405b West Blvd							of NC or CRF for COVID-19
Laurinburg, NC 28352	20-2841940	501(c)(3)	29,451.	0.			related costs
							Increase avail of
Senior PharmAssist							healthcare to uninsured
406 Rigsbee Avenue Suite 201							of NC or CRF for COVID-19
Durham, NC 27701-2186	56-2084639	501(c)(3)	231,642.	0.			related costs
;							Increase avail of
Shelter Health Services							healthcare to uninsured
534 Spratt Street							of NC or CRF for COVID-19
Charlotte, NC 28206	20-3041985	501(c)(3)	106,309.	0.			related costs
							Increase avail of
Shepherds Care Medical Clinic							healthcare to uninsured
304 Pony Road							of NC or CRF for COVID-19
Zebulon, NC 27597	26-2757593	501(c)(3)	50,706.	0.			related costs
			,				Increase avail of
St. Joseph Primary Care							healthcare to uninsured
4400 Falls of Neuse Road Suite 101							of NC or CRF for COVID-19
Raleigh, NC 27609	46-5192720	501(c)(3)	74,639.	0.			related costs
			, ,				Increase avail of
Surry Medical Ministries							healthcare to uninsured
- Foundation Inc - 813 Rockford							of NC or CRF for COVID-19
Street - Mt. Airy, NC 27030	56-1829347	501(c)(3)	190,143.	0.			related costs

Schedule I (Form 990)

Charitable Clinics Inc Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 56-2062170 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Increase avail of
The Free Clinics							healthcare to uninsured
841 Case Street							of NC or CRF for COVID-19
Hendersonville, NC 28792	56-2212024	501(c)(3)	325,959.	0.			related costs
							Increase avail of
The Shalom Project							healthcare to uninsured
639 S Green St							of NC or CRF for COVID-19
Winston- Salem, NC 27101	20-2136431	501(c)(3)	19,475.	Ο.			related costs
							Increase avail of
Urban Ministries Open Door Clinic							healthcare to uninsured
1390 Capital Blvd							of NC or CRF for COVID-19
Raleigh, NC 27611	58-1422700	501(c)(3)	202,416.	0.			related costs
			,				Increase avail of
Vecinos Inc							healthcare to uninsured
3971 Little Savannah Rd							of NC or CRF for COVID-19
Cullowee, NC 28723	57-1192063	501(c)(3)	7,402.	0.			related costs
			,				Increase avail of
WATCH Healthcare (Wayne Memorial)							healthcare to uninsured
PO Box 8001							of NC or CRF for COVID-19
Goldsboro, NC 27534	56-1484844	501(c)(3)	329,791.	0.			related costs

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Charitable Clinics Inc

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ			
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2022		
Department of the Treasury nternal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection		
Name of the organization		ployer identification number 6-2062170		

Form 990, Part VI, Section B, line 11b:

Organization's process is to review encrypted electronic copies (pdf) of

form 990 which are made available to the governing board for review and

comment prior to submission of the form 990 to the IRS.

Form 990, Part VI, Section B, Line 12c:

Annual inquiry requiring signature of each officer and director.

Form 990, Part VI, Section B, Line 15:

The Chief Executive Officers compensation is considered annually by the

designated members of the governing board. The compensation of all key

employees is considered annually by the designated members of the governing

board.

Form 990, Part VI, Section C, Line 19:

Documents are available to the public upon request.

Form 990, Part XII, Line 2c:

No change